LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 97380155101

SEWAGE INSTALLATION
LAGOON

Issued 03/20/97
Expires 09/20/97
Revenue Code 18754

Establishment

CHUCK MULDER
T7N R7E SEC 25

FEES: $150.00

TOTAL $150.00

Permittee

CHUCK MULDER
401 NEMAHA ST
FIRTH NE 68358

Issued By M. Jane Ford
Health Director

3420

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address _____ City Firth NE, Zip 68358
(no rural route)

Legal Description SW of SW 25 7N 7E
1/4 / 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Clark Mulder Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S. 72 City/State/Zip Hickman, Ne 68372

☒ Check if contractor designed system Work Phone 475-2462 / 430-7606

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

* PREVIOUS CHECKS & APPLICATION WERE MISPLACED.

1. **Health Department** Date rec'd 3-18-97 ACTION ☒ Approved ☐ Disapproved
   Date frwd _____ Signature John E Munn

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd March 18 1997 ACTION ☒ Approved ☐ Disapproved
   Date frwd March 18 1997 Signature Richard M Beach

3. **City or County Engineer** Date rec'd 03/18/97 ACTION ☒ Approved ☐ Disapproved
   Date frwd _____ Signature Thomas A Thompson

Installation Final Written Approval

By Gerald C. Hoerl

Date MAY 29 1997

Business Office Use Only 3153

Date Rec'd 3/18/97

Amt Paid 150 CK

Rec'd By _____ Cash/Check No. 2488

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

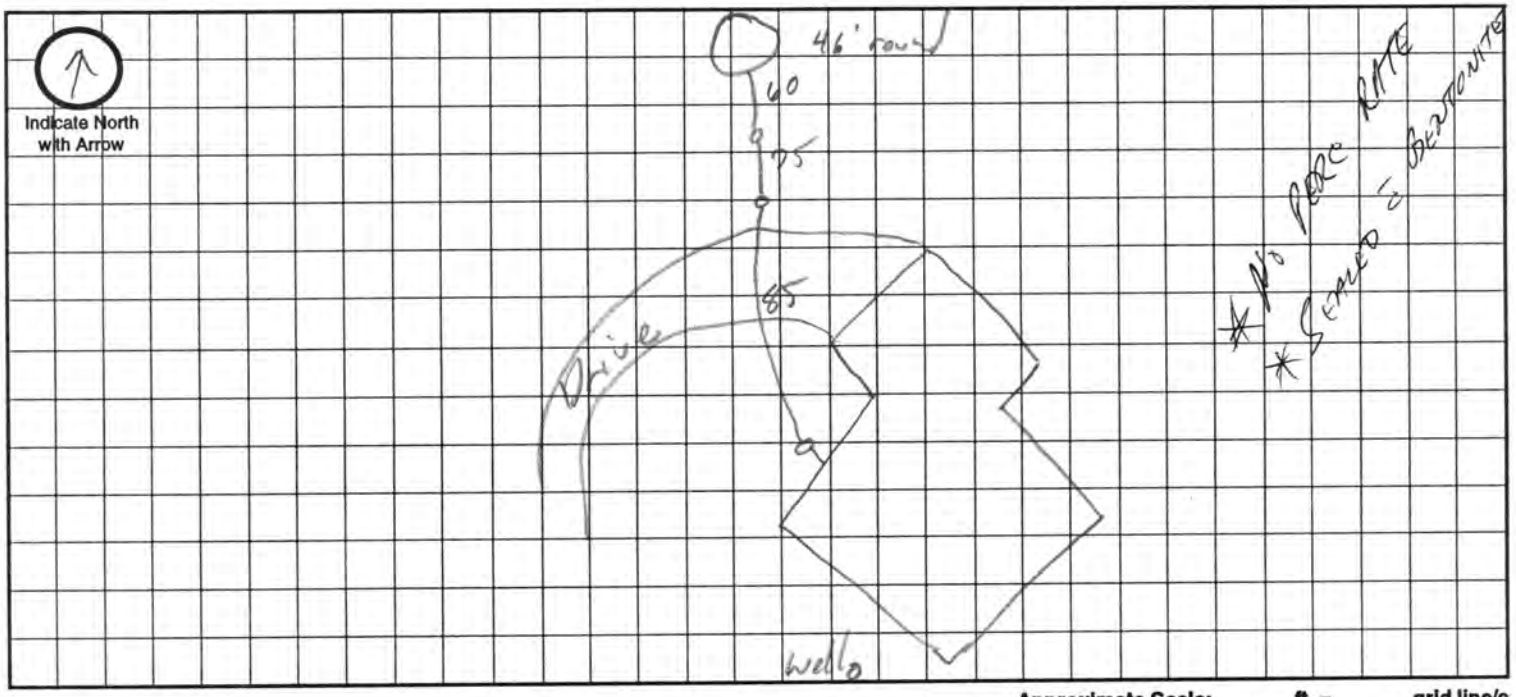
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City Firth NE, Zip 68358

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor NOT AVAILABLE (BUILT BY OWNER) Date _____

Installer Brad Southwick Date 11/95

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 5-1-97 Clark Mulder

System Location (Indicate correct number and street)

Address 9600 Firth Rd. (no rural route) City Firth NE, Zip 68358

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 13 in.
3. Distance between dwelling and ~~septic tank~~: 225 ft.
4. Number of clean-outs: 4 Lagoon
5. Distances to: well or suction line > 50 ft.
   stream NA ft.
   pressure line NA ft.
   property line > 50 ft.

Sewage Lagoon

B. ~~Septic Tank~~

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ❑ Yes ❑ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ❑ above ❑ below grade _____ in.
5. Inlet: ❑ baffle ❑ tee
6. Outlet: ❑ baffle ❑ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ❑ Yes ❑ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

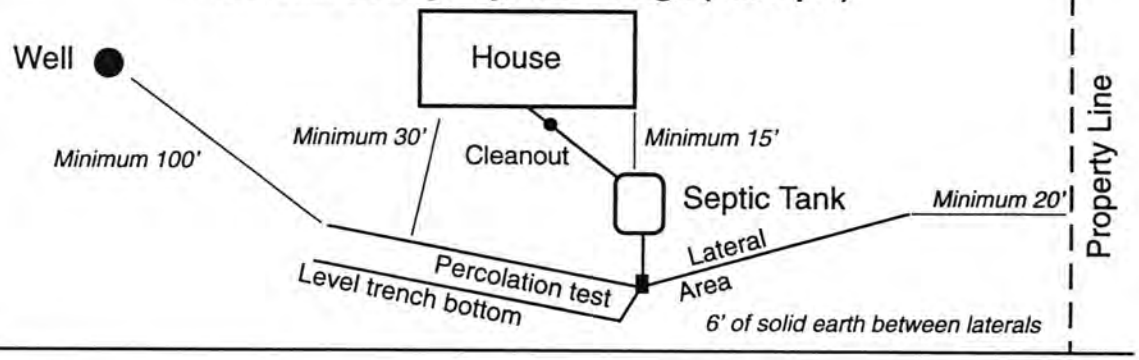
(Provide as-built drawings on back of this form)

1. Type: ❑ Half rounds ❑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

rec tel. call 5/30 ASAP

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address_____

Twp 7N Range 7E Section 25 1/4 SW 1/4 Block ___ Lot 5 Addition _____

Directions to Property 1 W of Fifth NE corner

Location of Well_____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System_____ Year Installed_____

	NAME	ADDRESS	PHONE
Present Owner:	Clark Mueden	96th + Fifth Rd	791-5592
Tenant/Buyer:			
Return to:	FARMERS & MERCHANTS BANK ~~Box E~~ 617 First Street Milford, NE 68405		

Signature of Applicant_____ Address_____ Date 5/30/97

By Meyer for Clark Mueden

HEALTH DEPARTMENT USE ONLY

Date Received 6/2/97 Received $150.00 cw Check ☑ #1743 cw Cash ☐

PRELIMINARY STATUS--By [signature] **DATE:** 6/3/97

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒ 6/3/97	Approved ☐	Date 6/19/97 by JL
Bacteria	☐ ____/ml	☒ 700 /ml	Provisional ☐	Date 6/24/97 by JL (Water Sample)
Nitrate	☒ 5.3 ppm	☐ ____ ppm	Disapproved ☐	Date 6/26/97 by JL

Fence locked sign present

Comments: Well + casing buried below surface level of soil. Advised mr mueden that the casing needs to extend 12 inches above ground. Sprayed the weeds - suggest contacting extension for certain Herbicides. Soil Removed See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☑ Provisional Approval: ☐

Approved by [signature] Date 6/30/97

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

6/3 Owner requested to call after problem is corrected, so that a Coliform could TAKEN water sample

Water samples 6/24, 6/27 are "0"

PD 3-12-98 #3701

STRADER'S
BLUE VALLEY DRILLING

Gerald Strader
Blue Rapids, Kansas 66411
Phone: 913-226-7353

Roger Strader
Pickrell, Nebraska 68422
Phone: Home 402-673-425
Office 402-673-346

Name Clark Mulder Date March 1 19 98

Address 401 Nemaha Phone 791-5592

Location Firth, NE 68358

Location of Well 1W of Firth NE corner

Test @ per. ft.	$	
Test @ per. ft.	$	
Reaming @ per ft.	$	
263' Well @ $8.00 per ft.	$	2,104.00
Extra Casing @ per ft.	$	
Total ft. of casing used	$	
20' Perforations @ $30.00	$	30.00
X Sand	$	30.00
Cement Grout	$	
X Cap Bottom	$	10.00
Cap Top	$	
	$	
	$	
	$	

☐ Cash ☒ Charge TOTAL $ 2,174.00

LOG OF WELL

Top	Bottom	
0	2	Top soil
2	7	Brown clay
7	50	Yellow clay
50	58	Sandy yellow clay
58	88	Blue clay
88	91	Sandy blue clay
91	98	Sand
98	110	Sandy blue clay
110	117	Fine sand
117	122	Blue clay
122	140	Fine sand
140	159	Sand & clay
159	235	Fine brown sand
235	263	Medium sand

Depth drilled 263' Depth cased 263' Size of hole 9"
Method drilled Rotary mud
Size of casing 5" Grade 200# Guides ___ Thickness ___
Feet of screen 20' Type PVC Slot size .015"
Depth screen set 243' to 263' & ___ to ___
Bottom cap X Type PVC Top cap ___ Type ___
Type of gravel pack Concrete Amount 2000# Height 25'
Seal X Type Clay Depth 238'
Static water level 90' Well tested 100+ GPM Method Air
Plumber Oosting Plumbing Recommended Pump setting ___

TERMS: CASH upon completion unless other arrangements have previously been made. Any invoice not paid will be subject to a Service Charge of 1½% per month from date of invoice which is an Annual percentage rate of 18%.

DRILLER Alan Strader PURCHASER ___

'97 JUN 3 PM 1 24 RECEIVED

'97 JUN 5 PM 1 35 REPORTED

WATER CHEMISTRY

STATE LAB NO. 157-3588

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 6 (MO.) 3 (DAY) 97 (YEAR) 10.50 (HOUR)

TEST METHOD: USEPA METHOD 353.2

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION mulder

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR _____ SECT 25 TWNSHP 7 N S RANGE 7 E W

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 5.3 mg/l

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

JOHN CHESS
LUCHD
3140 N
LINCOLN NE 68510

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

LWN 88

JUN 23 1997

WATER MICROBIOLOGY

STATE LAB NO 14/2966

COMPLETE INFORMATION BELOW

DATE COLLECTED 06 (MO.) 19 (DAY) 97 (YEAR) ____ (HOUR)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION Moulder - Firth

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QRTR ____ SECT ____ TWNSHP ____ N/S RANGE ____ E/W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

John Chess
LLCHD
3140 N
N Lincoln NE 68578

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

REPORTED '97 JUN 23 PM 1 09

RECEIVED '97 JUN 19 PM 3 28

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 1 PER 100 ML.

☐ THE WATER MEETS BACTERIOLOGICAL STANDARD

☒ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*
*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 9

WATER MICROBIOLOGY

LAB NO 14 12141

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 1 PER 100 ML.

☐ THE WATER MEETS BACTERIOLOGICAL STANDARD

☒ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LW

COMPLETE INFORMATION BELOW

DATE COLLECTED 06 (MO.) 24 (DAY) 97 (YEAR) 1:30 (HOUR)

SAMPLE COLLECTED BY Chess Moulder

SAMPLE LOCATION

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR ____ SECT ____ TWNSHP ____ N S RANGE ____ E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

John Chess
3140 N
LLCHD
Lincoln NE 68521

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

RECEIVED '97 JUN 24 P3:13

REPORTED '97 JUN 25 PM 1 13

'97 JUN 27 PM 12 57

REPORTED

'97 JUN 26 PM 2 49

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 1413438

DATE COLLECTED 06 (MO.) 26 (DAY) 97 (YEAR) 1:40 (HOUR)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION Mulder

PROPERTY LEGAL DESCRIPTION: COUNTY LAN(aster)

QRTR _____ SECT _____ TWNSHP _____ N S RANGE _____ E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

John Chess
3148 N
Health Dept
Lincoln NE 68522

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWB 88

WATER MICROBIOLOGY

STATE LAB NO 14/3460

COMPLETE INFORMATION BELOW

DATE COLLECTED 06 (MO.) 27 (DAY) 97 (YEAR) ____ (HOUR)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION Mulder

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR ____ SECT ____ TWNSHP ____ N S RANGE ____ E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

John Chess
3140 N
LLCCHD
Lincoln Ne 68522

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: X MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

X THE WATER MEETS BACTERIOLOGICAL STANDARD
☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD
☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*
*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY CC

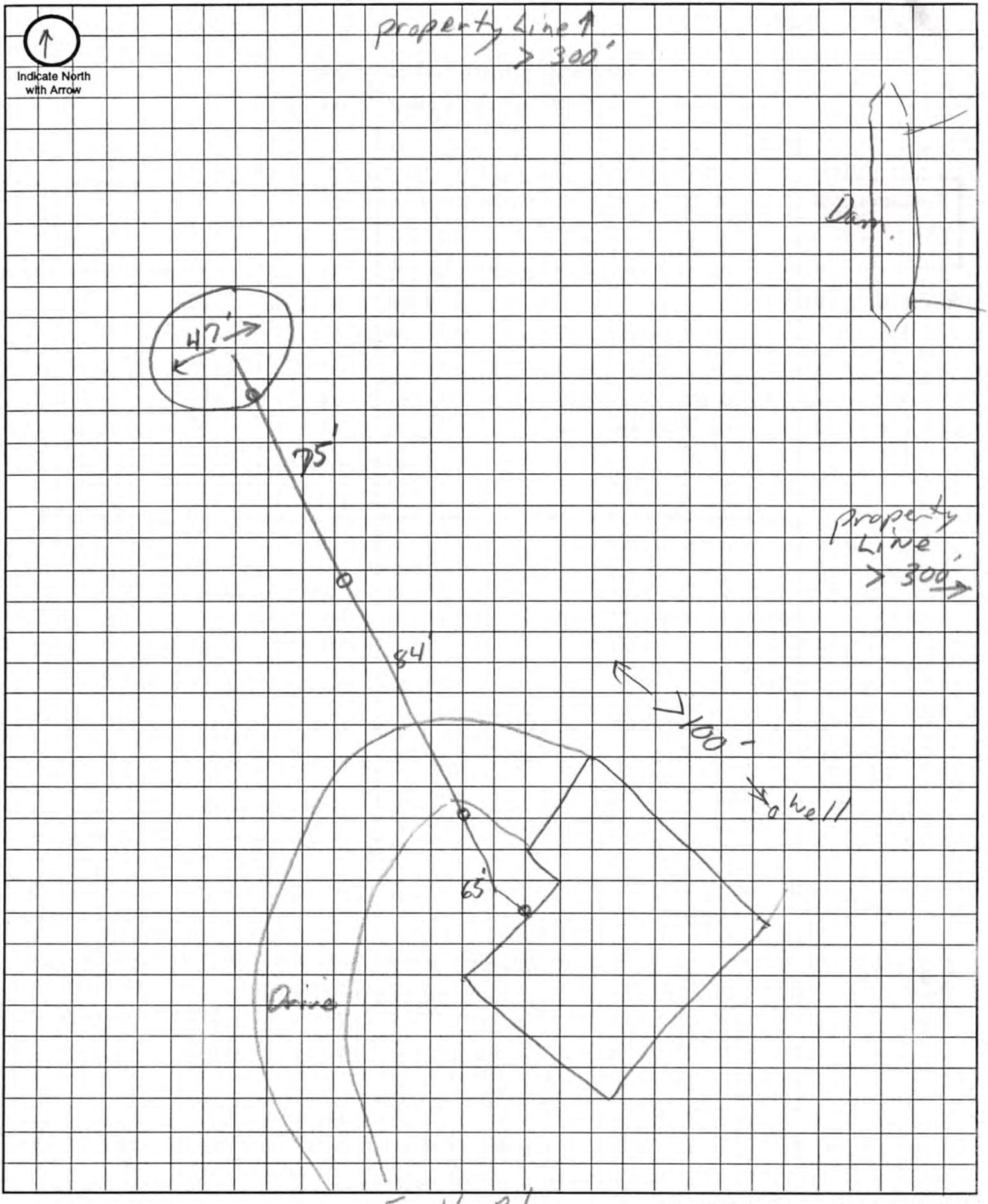
FOR ACCOUNTING USE ONLY

LWB 91

RECEIVED '97 JUN 27 PM 1 51

REPORTED '97 JUN 28 AM 6 16

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s